

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/530577**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		31					54						
5		13					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11		10					61						
12		10					62						
13		10					63						
14		10					64						
15		10					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22		10					72						
23		10					73						
24		10					74						
25		10					75						
26		10					76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		10					83						
34		10					84						
35		10					85						
36		10					86						
37		10					87						
38		10					88						
39		10					89						
40		10					90						
41		10					91						
42		10					92						
43		10					93						
44		10					94						
45		10					95						
46		10					96						
47		10					97						
48		10					98						
49		10					99						
50		10					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	48						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						